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From: Louis Myers, Esq.
Phone: (617) 227-7400
Fax: (617) 742-4214 (note new fax no.)
Case No.: BGP-151CP (USSN 08/447,118)

Date: 05/22/98

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In re the application of Linda C. Burkly

Serial No. 08/447,118

Filed: May 22, 1995

For: TREATMENT FOR INSULIN DEPENDENT DIABETES

Case Docket No. BGP-151CP**VIA FACSIMILE**

ASSISTANT COMMISSIONER FOR PATENTS

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Washington, D.C. 20231

RECEIVED
MAY 22 1998
GROUP 1800

Sir:

Transmitted herewith for filing in connection with the above-identified application are the following:

- ☒ Amendment After Final (9 pages);
- ☒ Request For A Three-Month Extension of Time Based on Large Entity Status (1 page, in duplicate);
- ☒ Notice of Appeal (1 page, in duplicate); and
- ☒ Executed Declaration, Petition and Power of Attorney (4 pages).
- ☒ Please charge our Deposit Account No. 12-0080 in the amount of \$310.00 in payment of the Notice of Appeal and \$950.00 in payment of the Three-Month Extension of Time Based on Large Entity Status for which a duplicate copy of this sheet is enclosed.

The fee has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	11	MINUS	24	0
INDEP	1	MINUS	4	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP CLAIM				

SMALL ENTITY	
RATE	ADDIT FEE
▲ 11 =	\$0.00
▲ 41 =	\$0.00
▲ 135 =	\$0.00
TOTAL	
ADDIT. FEE	\$0.00

OR

OTHER THAN SMALL ENTITY	
RATE	ADDIT FEE
▲ 22 =	\$ 00
▲ 82 =	\$ 00
▲ 270 =	\$ 00
TOTAL	
	\$0.00

OR

- If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed

- ☐ A check in the amount of _____ is enclosed for presentation of extra claims.
- ☐ A check in the amount of _____ is enclosed for .
- ☒ Please charge any additional fees or credit any overpayments associated with this communication to our Deposit Account No. 12-0080 for which a duplicate copy of this sheet is enclosed.


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May 22, 1998

Date

Louis Myers, Registration No. 35,965

Respectfully submitted,
LAHIVE & COCKFIELD

 Louis Myers
 Registration No. 35,965
 Attorney for Applicants

In re the application of Linda C. Burkly

Serial No. 08/447,118

Filed. May 22, 1995

For TREATMENT FOR INSULIN DEPENDENT DIABETES

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The fee has been calculated as shown below:

(Col 1)		(Col 2)		(Col 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO PREVIOUSLY PAID FOR		PRESENT EXTN
TOTAL	11	MINUS	24	= 0
INDEP.	1	MINUS	4	= 0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP CLAIM				

SMALL ENTITY	
RATE	ADDIT. FEE
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▲ 82 =	\$0.00
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TOTAL	\$0.00

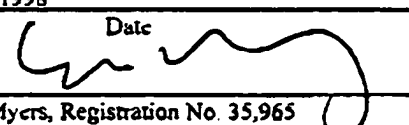
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 Louis Myers
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 Attorney for Applicants